SCHEDULE E)	PAGE 1 OF 8 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
FREEDOMWORKS FOR AMERICA	C C00499020			
	O manual			
Check If 24-hour report	M = M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee				
Adcoprint.com	M = M / D = D / Y = Y = Y			
Mailing Address 8412 Sabal Industrial Blvd.	10 09 2012			
Amo	punt			
City State Zip Code	915.10			
Tampa FL 33619	saction ID : SE.85264			
Purpose of Expenditure Category/ Office Sou	_			
IE-Mack-Yard Signs Odd Type 004	Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
CONNIE MACK Check On	e: Support Oppose			
Calendar Year-To-Date Per Election Disbursem	ent For: Primary General			
for Office Sought 1249769.05 2012	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Date	<u> </u>			
Adcoprint.com	M M / D D / Y Y Y Y			
Mailing Address 8412 Sabal Industrial Blvd.	10 11 2012			
Amo	bunt			
City State Zip Code				
Tampa FL 33619	5778.00 saction ID : SE.85261			
Purpose of Expenditure Category/ Office Sou				
IE-Mack-Door Hangers/Palm Cards Galegory/ Type 004	Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
CONNIE MACK Check On	e: Support Oppose			
Calendar Year-To-Date Per Election Disbursem	ent For: Primary X General			
1255672 53 2012	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	6693.10			
(a) SOBTOTAL OF ROTHERON Macportation Experioration	7			
(b) SUBTOTAL of Unitemized Independent Expenditures				
	77			
(c) TOTAL Independent Expenditures				
	7 7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ryan Hecker				
[Electronically Filed] Date 10	14 2012			
Signature				

Image# 12972541277 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E) PAGE 8 OF FOR SE OF FORM 24/48 NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼ FREEDOMWORKS FOR AMERICA C00499020 New report 24-hour report X 48-hour report Amends report filed on Check If Full Name (Last, First, Middle Initial) of Payee Date Adcoprint.com 2012 10 Mailing Address 8412 Sabal Industrial Blvd. Amount City State Zip Code 422.50 FL 33619 Tampa Transaction ID: SE.85267 State: Office Sought: Purpose of Expenditure House FL Category/ IE-Mack-Yard Sign-Shipping 004 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Support CONNIE MACK Check One: Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 1256095.03 2012 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date Connection Strategy 09 2012 30 Mailing Address 12841 Braemar Village Plz., #51 Amount City State Zip Code 412.79 **Bristow** VA20136 Transaction ID: SE.85272 State: Purpose of Expenditure IE-Mandel-Walk Lists Office Sought: House OH Category/ 004 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose JOSH MANDEL **General** Disbursement For: Primary Calendar Year-To-Date Per Election 964985.46 2012 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 835.29 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ryan Hecker	[Electronically Filed]	Date	10	14	/	2012
Signature						

SCHEDULE E)	PAGE 3 OF 8 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
FREEDOMWORKS FOR AMERICA				
	C C00499020			
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee				
Freedomworks	M M / D D / Y Y Y Y			
Mailing Address 400 N CAPITOL STREET NW SUITE 765	10 09 2012			
Amou	unt			
City State Zip Code	28.35			
Washington DC 20001	action ID : SE.85260			
Office Source	_			
IE-Mack-Travel Category/ Type 002	Senate			
	President District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK Check One	e: X Support Oppose			
CONNIE MACK Check One	Сиррогт Сррозс			
Calendar Year-To-Date Per Election Disburseme	ent For: Primary X General			
for Office Sought	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee				
Freedomworks	M M / D D / Y Y Y Y			
	10 09 2012			
Mailing Address 400 N CAPITOL STREET NW SUITE 765				
Amou	unt			
City State Zip Code	224.66			
Washington DC 20001	action ID : SE.85262			
Purpose of Expenditure Category/ Office Soug				
IE-Mack-Travel 002 Type 002	Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
CONNIE MACK Check One	e: X Support Oppose			
Calendar Year-To-Date Per Election Disburseme 2012 2012				
for Office Sought	Other (specify)			
·				
(a) SUBTOTAL of Itemized Independent Expenditures	253.01			
(b) SUBTOTAL of Unitemized Independent Expenditures				
	7 1 7 1 2			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert				
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Down Harbon				
Ryan Hecker [Electronically Filed] Date 10	14 2012			
Signature				

SCHEDULE E)	PAGE 4 OF 8 FOR SE OF FORM 24/48		
	FEC IDENTIFICATION NUMBER ▼		
FREEDOMWORKS FOR AMERICA	C C00499020		
Check If 24-hour report X 48-hour report New report Amends report filed on	*M / D = D / Y = Y = Y		
Full Name (Last, First, Middle Initial) of Payee			
Freedomworks	M / D D / Y Y Y Y		
Mailing Address 400 N CAPITOL STREET NW SUITE 765	10 09 2012		
City State Zip Code	IL.		
Washington DC 20001	125.48		
Purpose of Expenditure Category/ Type O02 Office Sough	Sonato —		
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00		
CONNIE MACK Check One:	Support Oppose		
Calendar Year-To-Date Per Election for Office Sought Disbursemen 2012 Oth	nt For: Primary General		
Full Name (Last, First, Middle Initial) of Payee Freedomworks Date	M / D D / Y Y Y Y		
Mailing Address 400 N CAPITOL STREET NW SUITE 765	10 12 2012		
Amour	nt		
City State Zip Code Washington DC 20001	4450.00 ction ID : SE.85268		
Purpose of Expenditure IE-Mack-Est. Staff & Overhead Category/ Type Office Sough			
Name of Federal Candidate Supported or Opposed by Expenditure:	President		
CONNIE MACK Check One:	Support Oppose		
Calendar Year-To-Date Per Election for Office Sought Disbursement 2012 Ott	nt For: Primary General her (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	4575.48		
(b) CURTOTAL of Uniterpired Independent Europeditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ryan Hecker [Electronically Filed] Date 10	14 2012		
Signature			

SC	CHEDULE E)			PAGE 5 FOR SE OF	OF 8 FORM 24/48
	AME OF COMMITTE (In Full)		FEC ID	ENTIFICATION	ON NUMBER ▼
F	REEDOMWORKS FOR AMERICA		С	C00499020	
			M /	D D /	V V V V
С	heck If 24-hour report 48-hour report New report Amends report				
	Full Name (Last, First, Middle Initial) of Payee Freedomworks	Date			
	Trecusinworks	N	10 /	12	2012
	Mailing Address 400 N CAPITOL STREET NW SUITE 765		10	12	2012
		Amou	nt		
	City State Zip Code Washington DC 20001				1070.00
				: SE.85275	State: OH
	Purpose of Expenditure IE-Mandel-Est. Staff & Overhead Category/ Type 001	Office Soug	nt:	House Senate	
	Name of Federal Candidate Supported or Opposed by Expenditure:			President	District: 00
	JOSH MANDEL	Check One:	×	Support	Oppose
	Calendar Year-To-Date Per Election	Disburseme	nt For: [Primary	General
	for Office Sought	2012	ther (spe		
	Full Name (Last, First, Middle Initial) of Payee	Date			
	Hughie's		/ M /	D D /	Y Y Y Y
	Mailing Address 1260 E. 38th St.	_ L	10	12	2012
		Amou	nt		
	City State Zip Code				269.38
	Cleveland OH 44114			: SE.85273	
	Purpose of Expenditure Category/ IE-Mandel-Equipment Rental Type 004	Office Soug	ht:	House Senate	State: OH
			×	President	District: 00
	Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL	Check One:		Support	Oppose
	Calandar Vana Ta Data Das Flastica	Disburseme	nt For: [Primary	✓ General
	Calendar Year-To-Date Per Election for Office Sought	2012	ther (spe		<u> </u>
_				<i>''</i> ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures		•		1339.38
			7	7	
	(b) SUBTOTAL of Unitemized Independent Expenditures	•			
	(c) TOTAL Independent Expenditures	•			
	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.				
	Ryan Hecker				V V
	[Electronically Filed] Date	10	14	201	2
	Signature				

Image# 12972541281	
24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURE	ES
(SCHEDULE E)	PA
	FC

SCHEDULE E)	PAGE 6 OF 8 FOR SE OF FORM 24/48		
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼		
FREEDOMWORKS FOR AMERICA	C C00499020		
	M = M / D = D / Y = Y = Y		
Check If 24-hour report 48-hour report New report Amends report filed	d on		
Full Name (Last, First, Middle Initial) of Payee Odd Lamps Productions LLC	Date		
	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 12076 92nd Ave., N	Amount		
City State Zip Code			
Maple Grove MN 55369	1562.50 Transaction ID : SE.85265		
Purpose of Expenditure IE-Nelson-Video Production Category/ Type 004	ce Sought: House State: FL		
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00		
	eck One: Support X Oppose		
Calendal feat-10-Date Fet Flection	bursement For: Primary General		
for Office Sought 1257657.53 2012	Other (specify)		
Full Name (Last, First, Middle Initial) of Payee Odd Lamps Productions LLC	Date		
<u> </u>	10 / 12 / 2012		
Mailing Address 12076 92nd Ave., N	Amount		
City State Zip Code	1562.50		
Maple Grove MN 55369	Transaction ID : SE.85266		
Purpose of Expenditure Category/ Type O04 Offi	ce Sought: House State: FL Senate District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00		
CONNIE MACK Che	eck One: Support Oppose		
1259220 03 2012	bursement For: Primary General		
for Office Sought	Other (specify)		
(a) CUDTOTAL of lawrings by decondent Functorial lawren	2405.00		
(a) SUBTOTAL of Itemized Independent Expenditures	3125.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ryan Hecker	M / D D / Y Y Y Y Y		
Signature [Electronically Filed] Date	10 14 2012		

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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITUR	ES
(SCHEDULE E)	PA

SCHEDULE E)	FOR SE OF FORM 24/48		
NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼			
FREEDOMWORKS FOR AMERICA			
	C C00499020		
	M M / D D / Y Y Y Y		
Check If 24-hour report 48-hour report New report Amends report filed			
Full Name (Last, First, Middle Initial) of Payee	Date		
Odd Lamps Productions LLC	M M / D D / Y Y Y Y		
Mailing Address 12076 92nd Ave., N	10 12 2012		
12076 92nd Ave., N	Amount		
City State Zip Code	7 WHOULK		
Maple Grove MN 55369	6250.00		
Divinage of Evinanditure	Fransaction ID : SE.85269 Sought: House State: OH		
Purpose of Expenditure IE-Brown-Video Production Category/ Type 004	Senate		
	President District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure:			
SHERROD BROWN Check	k One: Support Oppose		
	ırsement For: Primary 🔀 General		
for Office Sought 1179287.95	Other (specify)		
Full Name (Last, First, Middle Initial) of Payee	Date		
Odd Lamps Productions LLC	M M / D D / Y Y Y Y		
Mailing Address 12076 92nd Ave., N	10 12 2012		
3 3 3 4 4 4 4 4 1207 0 02Hd AVC., IV	Amount		
City State Zip Code			
Maple Grove MN 55369	6250.00		
Dumana of Europa dibura	Transaction ID : SE.85271 Sought: House State: OH		
IE-Mandel-Video Production Category/ Type 004	Senate Service		
	President District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure:	k One: X Support Oppose		
JOSH MANDEL Check	adpoint papers		
	ırsement For: Primary 🔀 General		
for Office Sought 1187406.29 2012	Other (specify)		
(a) CURTOTAL of bassined Indonesia deat Turner diturne	40500.00		
(a) SUBTOTAL of Itemized Independent Expenditures	12500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political			
party committee) any political party committee or its agent.			
Ryan Hecker [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature [Electronically Filea] Date 10	2012		

SCHEDULE E)	PAGE 8 OF 8 FOR SE OF FORM 24/48		
NAME OF COMMITTE (In Full) FREEDOMWORKS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼		
T REEDOWWORKS FOR AWERICA	C C00499020		
Check If 24-hour report X 48-hour report New report Amends repo	rt filed on		
Full Name (Last, First, Middle Initial) of Payee Synergy Direct Marketing Solutions	Date		
Mailing Address 440 Cell Ct.	10 12 / 2012		
	Amount		
City State Zip Code Nokomis FL 34275	528.96 Transaction ID : SE.85274		
Purpose of Expenditure IE-Mandel-Robo Calls Category/ Type 004	Office Sought: House State: OH Senate District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure:	President		
JOSH MANDEL	Check One: Support Oppose		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)		
Full Name (Last, First, Middle Initial) of Payee	Date		
Mailing Address	M M / D D / Y Y Y Y		
	Amount		
City State Zip Code			
Purpose of Expenditure Category/ Type	Office Sought: House State:		
Name of Federal Candidate Supported or Opposed by Expenditure:	President		
	Check One: Support Oppose		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	528.96		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	29850.22		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ryan Hecker [Electronically Filed] Date	10 14 2012		
Signature			